

More Info:

©2012 Cengage Learning

Student lives with:
Check all that apply.

- mother step-mother grandparent(s) other: _____
 father step-father foster parents

Number of children living in student's home: Student is number out of siblings.

Other siblings attending this school:

_____ Grade: K | 2 3 4 5 6 _____ Grade: K | 2 3 4 5 6

_____ Grade: K | 2 3 4 5 6 _____ Grade: K | 2 3 4 5 6

Student has attended preschool: no yes Where: _____

Student has previously or is currently receiving special services: Speech Counseling Physical Therapy
Check all that apply.

Other: _____ Occupational Therapy

Developmental Skills:

✓ Please choose the response that best fits your child.

	hasn't tried yet / avoids	is currently working on	does all the time on own
Writes first name with an uppercase at the beginning (Rest is lowercase)			
Cuts with scissors on lines			
Counts 4-10 objects correctly			
Pretends to read by looking at pictures			
Draws a person (without help) with all body parts (head, body, arms, legs, facial features)			
Recognizes first name in print			
Ties shoes			

Social Skills:

✓ Please choose the response that best fits your child.

	hasn't tried yet / avoids	is currently working on	does all the time on own
Chooses to verbally express both positive and negative feelings			
Plays well with others			
Seeks the attention of others in appropriate manner			
Does things for him/herself (dresses self, tidies belongings and takes care of own toilet needs)			
Follows through when you give directions			
Attempts new tasks, acknowledging it's okay to make mistakes			